

POSITION	INITIAL	ID NO.	DATE
FEE DETERMINATION	<i>5</i>		05 140
O.I.P.E. CLASSIFIER	<i>RSD</i>		5/31/01
FORMALITY REVIEW	<i>H-1</i>	<i>1074</i>	<i>07/06/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
4	5	6	
25	12	10	23
23	03	03	04
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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